

Mail or Fax to: Board of Certification of Operating Personnel in Wastewater Treatment Facilities Department of Health, State of Hawaii 1350 Sand Island Parkway, Building 3A Honolulu, Hawaii 96819 Phone (808) 832-5478 Fax (808) 832-3496	Do Not Write in This Space – Office Use Only Date Received: _____ Date Approved: _____ Date Denied/Reason: _____ Comments: _____ Date Recorded: _____
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This is to advise you that I, _____, _____, _____

Your Name
Grade
License #

have accepted the **primary** DRC position for the Wastewater Treatment Plant listed below.

Date

Print Name _____